

U.S. Coast Guard (USCG) Child Care Subsidy Program
Child(ren) Returning to Qualifying Child Care Provider Rate Verification

Child Care Center Name: _____ Provider email address: _____

Phone # (_____) Fax # (_____)

Member: _____

Printed name of qualifying USCG Member

Completion of this form certifies the official rate, type of care and cost for the child (ren) of the qualifying member who have returned to the Child Care Center listed above.

Child's Full Name: _____ Effective Date: _____

Type of Care: _____ FT - Full Time *PT - Part-time *D - Daily **H - Hourly BA - Before and After School Care

If Part time or Daily, please indicate number of days in attendance* _____ *Hourly - Number of hours per day* _____

Other Subsidy or Discount? ____ Yes ____ No Source of subsidy, discount or N/A _____ Amount of subsidy: \$ _____

Final cost after all discounts \$ _____ Week _____ Month: Calendar Month _____ 4 & 5 Week Month _____ (Cost varies)

Child's Full Name: _____ Effective Date: _____

Type of Care: _____ FT - Full Time *PT - Part-time *D - Daily **H - Hourly BA - Before and After School Care

If Part time or Daily, please indicate number of days in attendance* _____ *Hourly - Number of hours per day* _____

Other Subsidy or Discount? ____ Yes ____ No Source of subsidy, discount or N/A _____ Amount of subsidy: \$ _____

Final cost after all discounts \$ _____ Week _____ Month: Calendar Month _____ 4 & 5 Week Month _____ (Cost varies)

Child's Full Name: _____ Effective Date: _____

Type of Care: _____ FT - Full Time *PT - Part-time *D - Daily **H - Hourly BA - Before and After School Care

If Part time or Daily, please indicate number of days in attendance* _____ *Hourly - Number of hours per day* _____

Other Subsidy or Discount? ____ Yes ____ No Source of subsidy, discount or N/A _____ Amount of subsidy: \$ _____

Final cost after all discounts \$ _____ Week _____ Month: Calendar Month _____ 4 & 5 Week Month _____ (Cost varies)

Total cost for all children after any and all discounts \$ _____

Providers who misrepresent information used to calculate Fee Assistance may have their Fee Assistance Terminated and may be subject to the Uniform Code of Military Justice (UCMJ) or other legal consequences.

I certify that the information listed above is correct

Notes: _____

Child care provider's signature

Child care provider's printed name

Date

Return completed form to the General Services Administration (GSA) via one of the following:

Fax: (816) 823-5445

Email: uscgchildcare@gsa.gov